

## BREATH ALCOHOL IGNITION INTERLOCK DEVICE SELF CERTIFICATION

### SECTION 1 — MANUFACTURER INFORMATION

NAME OF MANUFACTURER

STREET ADDRESS

CITY

STATE

ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM STREET ADDRESS)

CITY

STATE

ZIP CODE

### SECTION 2 — BREATH ALCOHOL IGNITION INTERLOCK DEVICE (BAIID) INFORMATION

BREATH ALCOHOL IGNITION INTERLOCK DEVICE NAME

MODEL NUMBER

DESCRIPTION OF BREATH ALCOHOL IGNITION INTERLOCK DEVICE

### SECTION 3 — SELF CERTIFICATION ACKNOWLEDGEMENT *Certifications below must be initialed*

- I certify that, the Breath Alcohol Ignition Interlock Device (BAIID) identified in Section 2 was tested in accordance with and under the conditions set forth in the National Highway Traffic and Safety Association (NHTSA) Model Specifications for BAIIDs as published in the Federal Register, Volume 78, No. 89. \_\_\_\_\_
- I certify that, the BAIID identified in Section 2 passed all 16 Conformance Tests and it meets or exceeds all requirements of NHTSA Model Specification for BAIIDs as published in the Federal Register, Volume 78 No. 89. \_\_\_\_\_

### SECTION 4 — CERTIFICATION

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

***I further certify that I am the authorized official of the program for the above named manufacturer and I understand that the information provided is subject to a thorough investigation by DMV; and, a false, fictitious or fraudulent claim may subject me and/or the manufacturer to administrative action to deny, suspend or revoke certification of the Ignition Interlock Device.***

AUTHORIZED MANUFACTURERS OFFICIAL PRINTED NAME

TITLE

SIGNATURE

**X**

DATE

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

FAX NUMBER

( )

TELEPHONE NUMBER

( )